

**Northern Virginia Regional Partnership Planning Project
Psychiatric Hospitals Committee – Draft Minutes
November 19, 2003**

In Attendance:

Robin Adams, Inova Health System
George Barker, Health Systems Agency of No. VA
Sandy Burns, Potomac Hospital
Maximillian Del Rio, NVMHI
Chris Fensterle, Snowden at Fredericksburg
Mike Gilmore, Alexandria CSB
Colton Hand, Fairfax-Falls Church CSB

Kitty Harold, Virginia Hospital Center
L. Jean Reynolds, NVCH
Lou Rosato, NVMHI
Rita Romano, Prince William CSB
Jim Thur, Fairfax-Falls Church CSB
Leslie Weisman, Arlington CSB

Introductions and Welcome

Introductions were made and attendees were welcomed.

1. Approval of Notes from September 17, 2003 Meeting

The notes from the September 17, 2003 meeting were reviewed and no changes were recommended.

2. Informed Consent in Psychiatric Settings

Jim Thur indicated that this presentation would be a refresher on informed consent as well as a discussion of how best to share information on informed consent with private psychiatric service providers. Drs. Maximillian DelRio (NVMHI) and Colton Hand (Fairfax-Falls Church CSB) explained both informed consent and capacity to consent. The appointment of a Legally Authorized Representative was also discussed. Jim Thur noted that according to State Code, the Informed Consent process can be set aside for 24 hours in an emergency situation. It was agreed that it would be most helpful for psychiatrists to hear information on informed consent from other psychiatrists, rather than from program staff. Drs. DelRio and Hand are available to present information on informed consent to private psychiatric providers; requests should be routed through Jim Thur and Lynn DeLacy.

3. Review of Patient Characteristics Profile Survey Results

Lou Rosato briefly reviewed the Personal Characteristics Profile for NVMHI patients as well as the Private Psychiatric hospitals data. Items to note:

- There were seventeen different primary languages among the patients surveyed.
- The Institute primarily serves patients in the higher levels of treatment while the private hospitals see primarily the lower levels of treatment – each group is serving a different set of patients.
- There is a lower incidence of past history of aggressive acts among the private hospital patients.
- Medication adherence is similar between each group.
- Patients in the private hospitals are considerably more likely to have an identified, available placement available upon discharge.

- Patients in the public system are much more likely to have a co-occurring chronic medical condition which requires medication, treatment or monitoring.

This data will be re-formatted to include percentages.

4. Shaping the Discussion of the Role of Public and Private Providers of Inpatient Psychiatric Services

The group discussed whether their activities could have an influence on the roles and duties of public and private providers. Jim Thur indicated that the group should realistically explore how to better limit the “holes” in the system in order to be a more complete continuum.

5. Review of Regional Work Plan

The Regional Work Plan was distributed and briefly reviewed. Jim Thur indicated that the Partnership’s Structural Work Group is meeting in December and will be discussing how to continue the reinvestment initiative process. Jim noted that no funding is available after August, and that decisions will need to be made on how to lead this process. Jim indicated that the Hospitals work group will need to decide if they wish to continue meeting after August.

6. Development of Private Psychiatric Hospital Group Work Plan

This will be addressed in a future meeting.

7. Future Meeting Schedule

Next Meeting: December 17 2003, 1:00 p.m. – 3:00 p.m., Fairfax County Government Center, Conference Rooms 9/10

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